Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 16-30 2006.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR		[<u>0</u> <u>0</u>	CUBMITTED		Applicant Iden	Version 7/03
FEDERAL ASSISTANCE		Sept	SUBMITTED 2006	* * * * * * * * * * * * * * * * * * * *		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE	RECEIVED BY	STATE	State Applicati	on Identifier .
Construction	Construction	4. DA 11	RECEIVED BY	FEDERAL AGEN	CY Federal Identif	ier
Non-Construction	Non-Construction	1				
5. APPLICANT INFORMATION	1 444			Ot-atlanal	1-14-	
Legal Name:				Organizational (Department:		
Santa Monica Baykeeper Organizational DUNS:	, 11 L-P/CB-41			Kelp Restoration	and Monitoring Proje	ect
848795480		····				· · · · · · · · · · · · · · · · · · ·
Address: Street:					none number of pei oplication (give are:	rson to be contacted on matters a code)
P.O. Box 10096				Prefix:	First Name: Laura	NI WELL
City: Marina del Rey				Middle Name Elizabeth	11, 200,000	
County: Los Angeles				Last Name Bodensteiner		
State: CA	Zip Code 90295	•		Suffix;		
Country; USA				Email: kelpgirl@smbayi	ceeper org	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):			Phone Number (Fax Number (give area code)
9 5 4 4 4 4 7 8 7				(310) 305-9645 x	3	(310) 305-7985
8. TYPE OF APPLICATION:				7. TYPE OF APP	PLICANT: (See back	of form for Application Types)
₽ Nev	v	n	Revision	O. Not for Profit	Organization	
If Revision, enter appropriate let (See back of form for description	of letters.)			Other (specify)		
Other (specify)	1 1			9, NAME OF FE National Oceanic	DERAL AGENCY: and Atmospheric A	dministration
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	E NUMB	ER:	1	E TITLE OF APPLIC	
TITLE (Name of Program): Habital Conservation 12. AREAS AFFECTED BY PR	O IECT /Cillos Counting		-[4 6 3 tc.):	An evaluation of assessment for s	MPA placement, pre San Pedro and Santa	and post monitoring and Monica Bay
Los Angeles County, State of C	•	, Oldi	10.7.			
13. PROPOSED PROJECT					IONAL DISTRICTS	
Start Date: 3/1/2007	Ending Date: 2/28/2010			a. Applicant 36		b. Project 36
15. ESTIMATED FUNDING:						REVIEW BY STATE EXECUTIVE
a. Federal \$			700	ORDER 12372 P	ROCESS? PREAPPLICATION	/APPLICATION WAS MADE
			968 .	a. Yes. Rel AVA	ILABLE TO THE STA	ATE EXECUTIVE ORDER 12372
b. Applicant	DECEIVE	=D				VON
c. State '	HEOLIVE		i00 .	DAT	E: Sept. 15, 2006	
d. Local \$	SEP 1 5 201	76	UA)	b. No. E PRO	GRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$.00			T BEEN SELECTED BY STATE
f. Program Income 5	STATE CLEARING	HOUSE	.00		REVIEW , LICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL 5			168	☐ Yes If "Yes" a	ittach an explanation	. P No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVEND	I'A IN THIS APP	LICATION/PREA THE APPLICANT	PPLICATION ARE T AND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative Prefix	First Name		***************************************	IM	iddle Name	
	Laura			t	lizabeth uffix	
Last Name Bodensteiner						
b. Title Biologist (/)	1			(6	Telephone Number 310) 305-9645 x3	(give area codé)
d. Signature of Authorized Repre	esentitu			9 .	Date Signed Sept. 13, 2006	
Previous Edition Usable Authorized for Local Reproduction	•	-				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR		2. DATE SUBMITTED		Applicant Ident	ifier Version 7/03
FEDERAL ASSISTANCE		1	119100	''	
1. TYPE OF SUBMISSION:	Pre-application	3. DATE RECEIVED BY	STATE	State Application	on identifier
Application		4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identifi	er
☐ Construction ☐ Non-Construction	☐ Construction ☐ Non-Construction				
5. APPLICANT INFORMATION					
Legal Name:			Organizational L Department:	Init:	
Access Services, Inc. PO Box 7	1684, L.A.	***************************************	рерапшент.		
Organizational DUNS: 883300121	DEC	EIVED	Division:		
Address:	HEU	CIVEL	Name and teleph	none number of per	son to be contacted on matters
Street: PO Box 71684	CED	1 8 2006		plication (give area First Name:	a code)
PO BOX / 1004) SEr	1 0 2000	Prefix:	Matthew	
City:			Middle Name		
Los Angeles, CA County:	STATE CL	EARING HOUSE	Last Name		
Los Angeles		The second of 5 and two laws times a spike in the second above a control of the second action of	Avancena Suffix:		
State: CA	Zip Code 90071		Sumix:		
Country:			Email: avancena@asila	ora	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (g		Fax Number (give area code)
			213.270.6000		213.270.6048
9 5 - 4 4 8 9 7 1 1 8. TYPE OF APPLICATION:			7. TYPE OF APP	LICANT: (See back	of form for Application Types)
Nev	w 🖺 Continuatio	n Revision			,,
If Revision, enter appropriate lett	ter(s) in box(es)	M NEW TOWNS	0		
(See back of form for description	of letters.)		Other (specify)		
Other (specify)			9. NAME OF FEI Federal Transit A	DERAL AGENCY: administration	
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIV	E TITLE OF APPLI	CANT'S PROJECT:
				• •	
TITI E (Name of Program):					
530 7 12. AREAS AFFECTED BY PR	O IECT (Cities Countie	e States etc.):	unctory	n Schedu	ling System
	Colles, Countie	s, States, etc./.			0 0
Los Angeles County 13. PROPOSED PROJECT			14 CONGRESS	IONAL DISTRICTS	OF:
Start Date:	Ending Date: 5//	1	a. Applicant	1011712 2101111010	b. Project
12/1/05	5/1	1085	21-47	TION OUR IFOT TO	21-47 REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			OPDER 12372 P	ROCESS?	
a. Federal \$	526,000		THIS	PREAPPLICATION	NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$.00	AVA	CESS FOR REVIE	W ON
		. 00			
c. State \$."	DAT		
d. Local \$	226,00	O	b. No. 🗍 PRC	GRAM IS NOT CO	/ERED BY E. O. 12372
e. Other \$. 00		PROGRAM HAS NO REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$.00	17. IS THE APP	LICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$	752,00	00	Yes If "Yes" a	attach an explanatio	n. 🗵 No
18. TO THE BEST OF MY KNO	WI EDGE AND BELIEF	F ALL DATA IN THIS AP	PLICATION/PREA	PPLICATION ARE	TRUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT	AND THE APPLICA	ANT WILL COMPLY WITH THE
a. Authorized Representative			la /	iddle Name	
Prefix	First Name MAT	tHEW		liddle Name	
Last Name AVANCEN	4			uffix	
b. Title STRATEGIC	PLANNER	-	2	Telephone Number 13.270.6000	(give area code)
d. Signature of Authorized Representation	esentative		е	Date Signed 9/	14/06

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							Versio	on 7/03
A DOT TO A TOYON EX	מר	2. DATE SUBMITTED			Applicant	dentifier		
APPLICATION FO		May 17, 2006			325			
FEDERAL ASSIST	ANCE	3. DATE RECEIVED B	VETATE			ication Identifier		
1. TYPE OF SUBMISSION: Application	Pre-upplication			•	State (v)s(v)			
Construction X Non-Construction	Construction Non-Construction	4. DATE RECEIVED B	Y FEDERA	L AGENCY	Federal Ide	entiller		
5. APPLICANT INFORMAT								
Legal Name:				ional Unit:				
Menifee Union School Distric	l		Departme Business	nti	_			
Organizational DUNS;			Division:					
193211901			Transport	ntion Dept.	- ul - augusta 10	be contacted on	mutters involvi	no this
Address: 30205 Menifee Road		-	application Prefix: M	n (give uren code)	y or person to	First Name; Dav		
Street:30205 Menifee Road			PIERA IVI			The second of the second of the	A CANADA MARIA.	1
City: Menifee			Middle N	ame: Charles		RECEN	VED-	
City. Wolfings						SEP 1 8	2006	
County: Riverside			Last Nam Suffix: Jr.			SET 1 9	2000	
State: California	Zip Code: 92584				STA	TE CLEARIN	G HOUSE	
Country: USA	/ 25/07		Email: m	gutierrez @inenili	susd.one			<u> </u>
6. EMPLOYER IDENTIFICA	TION NUMBER (EIN):		Phone Nu	imber (give aren e	ററില)	Fux Number (gi	ve area code)	
33-081			(951) 679 (951) 970			(951) 672-6435		
8. TYPE OF APPLICATION			7. TYPE	OF APPLICANT	': (See buck o	f form for Applie	ation Types)	
If Revision, enter appropriate (See back of form for descript	Continuation Letter(s) in box(es)	Revision	A School					
(SEE MARK OF FORM FOR ABBOMP			Other (sp	ccify)				
Other (specify)	·		9, NAME	OF FEDERAL	AGENCY:		-	
10 CATALOG OF FEDERAL	L DOMESTIC ASSISTA	NCE NUMBER:	II. DES	CRIPTIVE TITLE	OF APPLIC	CANT'S PROJEC	T: Replacemen	n oţ
	66-03							
TITLE (Name of Program):	00-05							
12. AREAS AFFECTED BY	PROJECT (Cities, Cour	ities, States, etc):						
Riverside County, California 13. PROPOSED PROJECT			14. CON	GRESSIONAL D	ISTRICTS O)구:		
Start Date:	Ending Date	:	a. Applic	ant: 49th		b. Project: 49th		
7/15/06 15. ESTIMATED FUNDING	11/15/06		16, IS A	PLICATION SU	BJECT TO R	EVIEW BY STA	TE EXECUTI	VE
a, Federal-EPA \$4	00.000		a Yes	12372 PROCESS THIS PREAP	PLICATION	/APPLICATION	WAS MADE	
	1,052.63		AVAILA	BLE TO THE ST	ATE EXEC	LITIVE ORDER 1	2372 PROCES	S FOR
c. State \$			REVIEW	/ ON DATE:				
d. Local S		· · · · · · · · · · · · · · · · · · ·	b. No	X PROGRAM I	S NOT COV	ERED BY E.O. 1	2372	
e. Other \$			REVIEW	🗋 or progra	AM HAS NO	T BEEN SELECT	TED BY STAT	
f. Program Income \$ g. TOTAL \$4	21,052.63		17. IS TI	IE APPLICANT	explunution.	NT ON ANY PEI	_	
18, TO THE BEST OF MY DOCUMENT HAS BEEN DATTACHED ASSURANCE	KNOWLEDGE AND BE OULY AUTHORIZED BY S IF THE ASSISTANCE	r the governing bol	S APPLIC	ATION/PREAPP	LICATION A	RE TRUE AND	CORRECT. T	HE FH THE
1	rst Nume	RECEIV	ED	Middle Name				
	anicl			J. Suffix				
Last Name Wood		MAY 262	006					
b. Title Assistant Superintendent, Bu	siness Services /			c. Telephone N (951) 672-1851		ireii code)	•	
d, Signature of Authorized R	epréseulative	CMO, Pivi	٦-٢-	e. Date Signed	1217	47001		
Selle-	A.L.I. MK			1	wy 2	Sundurd For	m 424 (Rev. 9-	-2003)

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Standard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

APPLICATION F		2. DATE SUBMIT	TED		Applican	t Identifier	Version 9
FEDERAL ASSIS 1. TYPE OF SUBMISSION:	TANCE	May 31, 2006			327		
Application	Pre-application	3. DATE RECEIVE	D BY ST	АТЕ	State App	lication Identifier	
Construction	Construction	4. DATE RECEIVE	DBYF	DERAL AGENCY	Federal Id	3-147	
X Non-Construction 5. APPLICANT INFORMAT	Non-Construction			DEIONE MOLNET	redetal 10	entitler	
Legal Name:	ION						
Southwest Transportatio	n Agency			anizational Unit:			_
Organizational DUNS:				sion:			
189658149 Address:			Divi	PIOH:			
Street:			appi	ication (give area code)	of person to	be contacted on matters inv	olving th
16644 South Elm Avenue City:			Prefi 559/	ix: 644-1019		First Name: Kirk	
Caruthers County:			Mid	dle Name:		CENT	
Fresno			Last	Name:	1 114.		
State:	Zip Code;		Hun			2000	i
CA	93609		Suffi Mr.	X:	51	P 1 8 2006 - 	
Country: USA			Emai	ii:			
6. EMPLOYER IDENTIFICAT	TION NUMBER (ENT).		khur	iter@southwestjpa.org		CLEARING HOUSE	
~	TON NOMBER (ENV),		Phon	c Number (give area cod i44-1000		Fux Number (give area code	5
9 4-6 0 0 8. TYPE OF APPLICATION:	2210					559/644-1051	
X New	Continuation	D. 11.	7. T	YPE OF APPLICANT: (See back of	form for Application Types)	
If Revision, enter appropriate le (See back of form for description	effer(s) in hov(cs)	Revision	1	int Powers Authority			
Other (specify)				(specify)			
• • •			9. NA	ME OF FEDERAL AGE	NCY:		
10 CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	E NUMBER:	11. D	conmental Protection Appendix DESCRIPTIVE TITLE OF	gency (EPA F APPLICA	NT'S PROJECT:	
			Repla	cement of two diesel se	hool buses v	with two compressed natur	าปฮกะ
TITLE (Nume of Program);	66-036		(CNG) school buses		.	6
Clean School Bus USA Assista	nce Agreements						
12. AREAS AFFECTED BY PI	ROJECT (Cities, Counties	, States, etc):	1				
13. TROPOSED PROJECT	reand County, San Joaq	uin Valley	14 00	NCDEGGIONIA			
Start Date:	Ending Date:		a. App	NGRESSIONAL DISTI			
November 2006 15. ESTIMATED FUNDING:	November 2007		21		1 2	. Project 1	
		~1)	16. [\$	APPLICATION SUBJECT	CT TO REV	TEW BY STATE EXECUT	IVE
a. Federal	¥	\$ 1500 \$ 88,500	UNDE	N 140 /4 PROCESSY		PLICATION WAS MADE	
b. Applicant c. State		\$231,500	WAVIT	TABLE TO THE STATE	EXECUTI	VE ORDER 12372 PROCE	aoa 22
d. Local	- A	50	REVIE				33 (OK
c. Other		\$0 \$0	b. No	DATE: (NYCL) PROGRAM IS NO		323 3018	
		10C1		OR PROGRAM I	IAS NOT B	BEEN SELECTED BY STAT	TE COD
f. Program Income		76 1	REVIE	VV			
g. TOTAL		\$320,500	17. IS 1	THE APPLICANT DELI	NQUENT	ON ANY FEDERAL DEBT	?
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	OWLEDGE AND BELIEF AUTHORIZED BY THE	, ALL DATA IN THIS	APPLIC	If "Yes" attach an explain CATION/PREAPPLICA	TION ARE	IXINO TRUE AND CORRECT. T	HE
ATTACHED ASSURANCES IF a. Authorized Representative	THE ASSISTANCE IS A	WARDED.	. 🗸 📶		ne ለየየL[C	ANT WILL COMPLY WIT	TH THE
Prefix First N	ame		-				
Mr. Kirk		_		Middle Name			
Lust Name Tunter			/rr	Suffix		Pane	
o, Title		RECEN	/ヒリ		-		The same of the sa
Director		RANV O A	0000	c. Telephone Number	(give area c	ode)	
l. Signature of Authorized Repres	Inturive	- MAY 3-0	2006	559/644-1019 c. Date Signed			
revious Edition Usable	Wate	- GMO, PI	4D-7	May 24, 2006			
Authorized for Local Reproduction	י				Pr	Standurd Form 124 (Rev. 9,7 escribed by OMB Circular A	

MARINE SCIENCE INST. 09-18-06 15:25 Pg: 2/4

Application for I	Federal Assis	tance	SF-424					Ve	rsion 02
* 1. Type of Submissi	on:	* 2. Typ	e of Application:	* If Revision,	select appropriat	té letter(s):			
Preapplication	, , , , , , , , , , , , , , , , , , ,								
✓ Application		Con	tinuation	* Other (Spec	ify)		J. Commission of the Commissio		
Changed/Correcte	d Application	Revi	sion						
* 3. Date Received:		4. Appli	cant Identifier:			7.44			
Completed by Grants.gov	upon submission.			-					
5s, Federal Entity Ide	ntifier:			* 5b. Fed	eral Award Identi	tifier:			
							Parties and Partie		
State Use Only:							RECEIV	ED	
6. Date Received by S	State:		7. State Applicatio	n identifier:			SEP 1 8 20	06	
8. APPLICANT INFO	RMATION:						STATE CLEARING	110110=	
a. Legal Name: Th	e Regents of the	Jniversity	of California		24.			HOUSE	
* b. Employer/Taxpay	er Identification N	umber (E	IN/TIN):	* c. Orgai	nizational DUNS	3:			
95-6006145W				09487839)4				
d. Address:			***************************************		-		•		
* Street1:	Office of Research	h) HIR I			
Street2:	University of Calif	ornia				-1.01.	1.		Ħ i
- City:	Santa Barbara								
County:	Santa Barbara			, _				*	
* State:				<u> </u>	CA: California		1.0	*, -,	
Provinca:				* H1*				,	,)
* Country:				USA: UNITE	DSTATES				
* Zip / Postal Code:	93106-2050			114					•
e. Organizational U	nlt:					<u> </u>			
Department Name:	√			Division f	Vame:				
Marine Science Institu	ute		113.00						
f. Name and contac	t information of	person I	o be contacted on	matters inv	olving this app	plication:			
Prefix;			* First Nar	ne: Jennife	· · · · · · · · · · · · · · · · · · ·				
Middle Name:	1 (9								
* Last Name: Case	le					•	• • • • • • • • • • • • • • • • • • • •		
Suffix:									.,
Title: Associate Pro	ject Scientist								
Organizational Affiliat	ion:		<u> </u>						
University of Californi	a, Santa Barbara								
* Telephone Number:	(805) 893-5144	***	,,		Fax Number:	(805) 89	3-4724		
• Email: caselle@l	ifesci.ucsb.edu				Total		\\\\		

MARINE SCIENCE INST.

09-18-06 15:25 Pg: 3/4

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
H: Public/State Controlled Institution of Higher Education	1
Type of Applicant 2: Select Applicant Type:	_
	1
Type of Applicant 3: Select Applicant Type:	_
	۱
* Other (specify):	
*40 Name of Forday I Accessed	
* 10. Name of Federal Agency: National Oceanic and Atmospheric Administration	
National Oceanic and Atmospheric Administration	
11. Catalog of Federal Domestic Assistance Number:	
11.463	
CFDA Title:	
Habitat Conservation	
* 12. Funding Opportunity Number:	
NMFS-HCPO-2007-2000767	
* Title:	
Implementation of Marine Protected Areas, Southern Celifornia Coast	
13. Competition Identification Number:	
2049488	·
Title;	
·	
14. Areas Affected by Project (Cities, Countles, States, etc.):	
Santa Barbara County and Northern Channel Islands	
Santa barbara County and Normern Channel Islands	
* 15. Descriptive Title of Applicant's Project:	-
Interpreting Changes in Community Structure in Marine Reserves in Light of Spatial and Temporal Patterns of Settlement	ŀ
Attach supporting documents as specified in agency instructions.	

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MARINE SCIENCE INST.

09-18-06 15:25

Pg: 4/4

Application	for Federal Assistan	nce SF-424	Version 02
16. Congressio	onal Districts Of:		
* a. Applicant	23		* b. Program/Project 23, 24
Attach an additi	onal list of Program/Project	t Congressional Districts if n	needed.
		Dele	lete Attachment Visiv Attachment
17. Proposed F	Project:		
* a. Start Date:	04/01/2007		* b. End Date: 03/31/2009
18. Estimated i	Funding (\$):		
* a. Federal		187,309.00	
• b. Applicant		1,498.00	
▼ c. State	. ,,	0.00	
d. Local		0.00	
⁼ e. Other		91,331.00	
* f. Program inc	come	0.00	
* g. TOTAL		280,138.00	
20. Is the App Yes 21. *By signing herein are true comply with ar may subject m	plicant Delinquent On Any No Exp g this application, I certify complete and accurate ny resulting terms if I accurate to criminal, civil, or add	y (1) to the statements conto the best of my knowled cept an award. I am aware ministrative penalties. (U.	
Authorized Rep	presentative:		
Prefix;		* First Name:	e: Cora
Middle Name:			
* Last Name:	Diaz		
Suffix:			
Title: Spons	ored Projects Officer		
* Telephone Nur	mber: (805) 893-4035		Fax Number: (805) 893-2611
* Email: diaz(@research.ucsb.edu		
Signature of Au	uthorized Representative:	Completed by Grants.gov upon si	submission. * Date Signed: Completed by Grants.gov upon submission.

MARINE SCIENCE INST.

09-18-06 10:13

Pg: 2/4

Application for	Federal Assis	tance SF-424				Version 02	
• 1. Type of Submiss	ion:	- 2. Type of Application:	" If Revision	n, select appropriate	a letter(a):		
Preapplication		✓ New					
✓ Application		Continuation	▼ Other (Sp	ecify)			
Changed/Correcte	ed Application	Revision		•11 1000			
* 3. Date Received:		4. Applicant Identifier:					
Completed by Grants.gov	upon submission.			41,244			
5a. Federal Entity Ide	entifier:		• 5b. Fe	deral Award Identi	fler:		
<u> </u>							
State Use Only:							
6. Date Received by	State:	7. State Applica	ition Identifier:		RECEIVED		
B. APPLICANT INFO	RMATION:				SEP 1 8 2006		
a. Legal Name: Ti	ne Regents of the I	University of California		nt de la company			
b. Employer/Taxpa	yer Identification N	lumber (EIN/TIN):	* c. Org	anizational DUNS	STATE CLEARING HOUS		
95-6006145W			094878	394		Pearler.	
d. Address:							
* Street1:	Office of Researc	ch		***	- 1H		
Street2:	University of Calif	fornia					
* City:	Santa Barbara						
County:	Santa Barbara		11				
• State:				CA; California			
Province:							
* Country:			USA: UNIT	ED STATES			
* Zip / Postal Code:	93106-2050				4		
e. Organizational C	Init:		/				
Department Name:			Division	Division Name;			
Marine Science Insti	tute						
f. Name and contac	ct information of	person to be contacted	on matters in	volving this app	ilcation:		
Prefix: Dr.		• First t	lame: Henn	1		,	
Middle Name: Mark	(
* Last Name: Page	9		*************		100000000000000000000000000000000000000		
Suffix:							
Title: Associate Re	search Biologist						
Organizational Affilia	tion:						
University of Californ	ia, Santa Barbara				77.35.55		
* Telephone Number	: (805) 893-2675			Fax Number:	(805) 893-8062		
* Email: page @li	fesci.ucsb.edu	1111111					
	***************************************			· · · · · · · · · · · · · · · · · · ·		*****	

MARINE SCIENCE INST.

09-18-06 10:13 Pg: 3/4

Application for Federal Assistance SF-424	Version 02
8. Type of Applicant 1: Select Applicant Type:	
H: Public/State Controlled Institution of Higher Education	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	_
Other (specify):	
* 10. Name of Federal Agency:	
National Oceanic and Atmospheric Administration	
11. Catalog of Federal Domestic Assistance Number:	
11.463	
CFDA Title:	
Habilat Conservation	
* 12. Funding Opportunity Number:	
NMFS-HCPQ-2007-2000767	
• Title:	
Implementation of Marine Protected Areas, Southern California Coast	
13. Competition Identification Number:	
2049488	
Title:	
The state of the s	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Santa Barbara City and Santa Barbara County	
* 15. Descriptive Title of Applicant's Project:	
Variation in Settlement and Its Effect on Benthic Populations Inside and Outside of Marine Protected Areas	
Attach supporting documents as specified in agency instructions.	

MARINE SCIENCE INST.

09-18-06 10:13

Pg: 4/4

Application for	r Federal Assistanc	e SF-424		Version 02		
16. Congressional	Districts Of:					
* a. Applicant 2:	3		▼ b. Program/Project	23. 24		
Attach en additiona	list of Program/Project C	ongressional Districts if nee	ded.			
		Detain	Ageomient Mew Attachment			
17. Proposed Proj	ect:					
a. Start Date: 03	3/01/2007		* b. End Date:	02/28/2008		
18. Estimated Fun	ding (\$):					
* a. Federal		66,575.00				
* b. Applicant	COM A STREET CONTRACT OF STATE	0.00				
* c. Stale		0.00				
* d. Local		0.00				
▼e. Other		0.00				
*f. Program Incom	nė	0.00				
▼g. TOTAL		66,575.00				
A. This application was made available to the State under the Executive Order 12372 Process for review on 09/15/2006 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes No Explanation 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) I AGREE **The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency						
Authorized Repre	esentative:					
Prefix:	s.	• First Name:	Cora			
Middle Name:						
* Last Name: D	az	and the state of t	DO RECORD DE LA CONTRACTOR DE LA CONTRAC			
Suffix:			·			
* Title: Sponsore	ed Projects Officer					
* Telephone Numb	er: (805) 893-4035		Fax Number: (805) 893-2	B11		
• Email: diaz@r	esearch.ucsb.edu					
* Signature of Auth	orized Representative:	Completed by Grants.gov upon sul	omission. * Date Signed: Complete	d by Granta.gov upon aubmission.		

Application for F	ederal Assis	tance SF-424		Version 02
		* 2. Type of Application;	" If Revision, select appropriate letter(s):	
* 1. Type of Submissio	in:	i		
Preapplication		✓ New ˙ ˙ Continuation	* Other (Specify)	_
Application	/ Amallanii	Revision		
Changed/Corrected	Application			
* 3. Date Received:		4. Applicant Identifier:		
Completed by Granta.gov u	pon submission,			
5a. Federal Entity Ider	ntifier:		* 5b, Federal Award Identifier:	
State Use Only:				
6. Date Received by	State:	7, State Application	ion Identifier:	
8. APPLICANT INFO	RMATION:	-		
a. Legal Name: Ca	lifornia State Fir	e Marshal		RECEIVED
* b. Employer/Taxpay			• c. Organizational DUNS:	SEP 2 1 2006
680306069			949093272	
		110 d al mandada de la companya del la companya de		STATE CLEARING HOUSE
d. Address:			111	
* Street1:	3950 Paramoun	R BIVd. #210	1111	
Street2:	(Lakawand			
* Gity:	Lakewood			
County: * State:		, all an annual and an annual an annua	CA; California	
Province:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Country:			USA: UNITED STATES	
* Zip / Postal Code:	90712-4144	1 . 400-		
e. Organizational U	1			
Department Name:			Division Name;	
	* * * * * * * * * * * * * * * * * * *	*:	Pipeline Safety	
f. Name and contac	t Information o	f person to be contacted of	on matters involving this application:	
Prefix:	4 1030	* First N		
Middle Name:			1	
Last Name: Gorh	am	A		
Suffix:		- ::- 1		
Title: Division Chief				
Organizational Affilia	tion:		•	
	3 N 2 1 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0		- 101000	
Telephone Number	: 562-497-9102	= (u-10 11 =)	Fax Number:	
ļ -		m ; ,,, to MI ()) en (m) till		
Email: bob.gorhe	m@fire.ca.gov			

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	- 1
A; State Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
Type of Applicant 3, Select Applicant 1993.	
^ Other (specify):	
10. Name of Federal Agency:	
Pipeline &Hazardous Material Safety Administration	
11. Catalog of Federal Domestic Assistance Number:	
20.700	
CFDA Title:	7
Pipeline Safety	
* 12. Funding Opportunity Number:	
DOT-PH-PLL-07-001	
* Title:	,
PHM\$A Hazardous Liquid 2007 Base Grant	-
And Committee I dentification Number	
13. Competition Identification Number:	
Title:	7
14. Areas Affected by Project (Cities, Counties, States, etc.):	
14. Alous Antolica by 7 rojest (otto), outdoy outdoy	7
* 15. Descriptive Title of Applicant's Project:	
California State Fire Marshal Pipeline Safety Program	············
AM-ah ann anta da ann an a	
Attach supporting documents as specified in agency instructions,	
Add That themse Delete Attachments Wew Attachments	

Application for Fed	deral Assistance SF-424	Version 02
16. Congressional Distri	icts Of:	
a. Applicant 5	* b. Program/Project CA-all	
Attach an additional list of	of Program/Project Congressional Districts if needed.	
	Dowle Atachae d Very Atachaed	
17. Proposed Project:		
a. Start Date: 01/01/20	2007 b, End Date: 12/31/2007	
18. Estimated Funding	(\$):	
* a, Federal	1,072,150.00	
b. Applicant	0.00	
° c. State	1,072,150.00	
• d. Local	0.00	
* e. Other	0.00	
*f. Program Income	0.00	
g. TOTAL	2,144,300.00	
21, *By signing this applement are true, complicomply with any result may subject me to crim	Delinquent On Any Federal Debt? (If "Yes", provide explanation.)	ree to r claims
Authorized Representa	tative:	
Prefix:	*First Name: Robert	
Middle Name:		
* Last Name: Gorham	n	
Şuffix:		
* Title: Division Chlef		
* Telephone Number: 5	562 497-9102 Fax Number:	
* Email: bob.gorham@	@fire.ca.gov	
* Signature of Authorized	d Representative: Completed by Granta day upon submission. * Data Signed: Completed by Granta day upon s	ubminolon

FEDERAL ASSISTANCE	-	2. DATE SUBMITTED April 7, 2006		Applicant Ide	Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED	BY STATE	State Applica	ition Identifier		
Construction	Construction	4. DATE RECEIVED	BY FEDERAL AGENC	Y Federal Iden	tifier		
Non-Construction	Non-Construction						
5. APPLICANT INFORMATION Legal Name:	ON						
•			Organizational U	nit:			
Community Transportation As	ssociation of America		Department:				
Organizational DUNS: 62-1419258			Division:				
Address: Street:			Name and telepho	one number of pe	erson to be contacted on mat		
1341 G Street, NW 10th Floo	r		involving this app	olication (give are	ea code)		
City:			Prefix: Mr.	First Name: Charles			
Washington			Middle Name Albert				
County:	and the second s		Last Name Rutkowski				
State: DC	Zip Code		Suffix:				
	20005						
Country: United States			Email: rutkowski@ctaa.or	g			
6. EMPLOYER IDENTIFICAT			Phone Number (give		Fax Number (give area code)		
23-738321	8		202.299.6593		202.737.9197		
3. TYPE OF APPLICATION:			7. TYPE OF APPLI	CANT: (See bac	I k of form for Application Types)		
Revision, enter appropriate le	Continuation	Revision	0.		, , , , , , , , , , , , , , ,		
See back of form for description	n of letters.)		Other (specify)				
Other (specify)							
			9. NAME OF FEDE Rural Business-Coo	RAL AGENCY:	U.S. Department of Agriculture		
0. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	E NUMBER:	11. DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:		
ITLE (Name of Program): Rural Business Enterprise Gra 2. AREAS AFFECTED BY PR Multi-State	nt ROJECT (Cities, Counties,	1 0 - 7 6 9 States, etc.):	assist rurai commui	nities preserve or a	Technical Assistance Program expand existing transportation tion services and facilities.		
3. PROPOSED PROJECT			44 001005000				
tart Date:	Ending Date:		14. CONGRESSION a. Applicant		DF: b. Project		
0/1/06 5. ESTIMATED FUNDING:	9/30/07		DC)	NA3/4,OR2,NH1,MS1,CA25		
			16. IS APPLICATIO ORDER 12372 PRO	N SUBJECT TO 1 CESS?	REVIEW BY STATE EXECUTIV		
Federal \$		495,000	THIS PF	REAPPLICATION/	APPLICATION WAS MADE		
Applicant \$.00	AVAILAI	BLE TO THE STA SS FOR REVIEW	TE EXECUTIVE ORDER 1237		
State 5	SENIEN	.00	DATE: 4				
Local	RECEIVED	00	_				
	OFP 9 5 7006		b. No. T PROGRA	AM IS NOT COVE	RED BY E. O. 12372		
Other \$	SEL DO T	.00	OR PRO	GRAM HAS NOT	BEEN SELECTED BY STATE		
Program Income \$	TADING HOLL	ISE .ºº	17. IS THE APPLICA	VIEW WT DELINQUEN	T ON ANY FEDERAL DEBT?		
TOTAL	TATE CLEARING HOU		4				
	CONTRACTOR OF THE PROPERTY OF	495.000	Yes If "Yes" attac	h an explanation.	₽ No		
TO THE BEST OF MY KNO CUMENT HAS BEEN DULY TACHED ASSURANCES IF 1 Authorized Representative			LICATION/PREAPPLI THE APPLICANT AND	ICATION ARE TR THE APPLICAN	UE AND CORRECT. THE T WILL COMPLY WITH THE		
efix	First Name		Middle	Name			
st Name	Charles		H.	1401116			
kson			Suffix				
itle sociate Director			c. Tele	phone Number (gi	ve area code)		
Sociate Dilector							
Signature of Authorized Repres	sentative		202.24	7.8356 Signed			

APPLICATION FOR

SEP-25-2006 18:55

COASTAL CONSERVANCY

510 286 0470 P.02

Expiration Date: 01/31/2009

Application for Federal Assistance	e SF-424			Vers	ion 02
*1. Type of Submission: *2. T	Type of Application:	* If Revision, select appro	opriate letter(s):		
☐ Preapplication ☑ N	ew	7 "(" m.b.m.			
Application C	ontinuation	Other (Specify)			
Changed/Corrected Application R	evision	AMPLE TO THE STATE OF THE STATE			
* 3. Date Received: 4. Ap	oplicant Identifier:			RECEIVED	
Completed by Grants.gov upon submission.		The second of th		SEP. 2 5 2006	
5a. Federal Entity Identifier;		• 5b. Federal Award	dentifier:	¥.	
			III to the second secon	STATE CLEARING HOUSE	
State Use Only:				Recognition of the second secon	-1-
6. Date Received by State:	7. State Application	n Identifier:	1º Waling Assessed		
8. APPLICANT INFORMATION:					-
* a. Legal Name: California State Coastal Co	onservancy			10 V 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
* b. Employer/Taxpayer Identification Number	(EIN/TIN):	* c. Organizational D	ŲNS:		
94-3164968		808322408			
d. Address:					
* Street1: 1330 Broadway, 11th FI	oor				
Street2:					
* City: Oakland	Allega states				
County:		1000			
* State:	· · · · · · · · · · · · · · · · · · ·	CA: California	· ·		
Province:					
* Country:	13-8/00/2-11	USA: UNITED STATES			
* Zip / Postal Code: 94612					
e. Organizational Unit:					
Department Name:	-	Division Name:			
f. Name and contact information of person	to be contacted on a	matters involving this a	application:		
Prefix:	* First Nam	e: Karen			
Middle Name;					
* Last Name: Bane					
Suffix:					
Title: Project Manager		- Vert 18 a.s.			
Organizational Affillation:	And the second s				
		IPVAAII ahtvate			
* Telephone Number: (510) 286-0922		Fax Number	er:	9 ♥V·Pen Bell, JAA	
* Email: kbane@scc.ca.gov			April 1, and 1,	(1.4(H=	

510 286 0470 P.03

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
A: State Government	
Type of Applicant 2: Select Applicant Type;	
Type of Applicant 3: Select Applicant Type:	
N. C.	
* Other (specify):	
* 10. Name of Federal Agency:	
National Oceanic and Atmospheric Administration]
11. Catalog of Federal Domestic Assistance Number:	
11.463	
CFDA Title:	
Habitat Conservation	
* 12. Funding Opportunity Number:	
NMFS-HCPO-2007-2000732	
* Title:	
FY2007 Community-based Habitat Restoration Partnership Grants	
13. Competition Identification Number:	
2045732	
Title:	
	
14. Areas Affected by Project (Cities, Countles, States, etc.):	
California's coastal watersheds from Point Conception to the International Border between the United States and Mexico.	
* 15. Descriptive Title of Applicant's Project:	
Southern California Wetlands Recovery Project	
Attach supporting documents as specified in agency instructions.	
Wedge and the control of the control	

510 286 0470 F

Expiration Date: 01/31/2009

Application	for Federal Assista	ince SF-424		Version 02
16. Congression	onal Districts Of:			
7 a. Applicant	CA-all		▼ b. Program/Project	CA-all
Attach an additi	ional list of Program/Proje	ct Congressional Districts if n	eeded.	
, ph.,	7.44	Aga wacament	ro Altecratect View Attentions	
17. Proposed I	Project:			
* a. Start Date:	06/01/2007		b. End Date:	06/01/2010
18. Estimated	Funding (\$):			
a. Federal	V	8,500,000.00		
b. Applicant		16,750,000.00		
[▼] c. State		10,000,000.00		
• d. Local		0.00		
" e. Olher		8,870,000,00		
f. Program Inc	come	0,00		
fg. TOTAL	(11)	44,120,000.00		
21. *By signing herein are true comply with ar may subject me	this application, I certify, complete and accurating resulting terms if I are to criminal, civil, or actifications and assurances	e to the best of my knowled cept an award. I am aware Iministrative penalties. (U.S	alned in the list of certifications** al dge. I also provide the regulred ass that any false, fictitious, or fraudu c. Code, Title 218, Section 1001)	urances** and agree to lent statements or claims
Authorized Rep	•			
Prefix:	-	* First Name:	May-Ling	
Middle Name;	T PRINT	I Hat Notife.	Ind Phil	1911
* Last Name:	Lin			
Suffix:			4 MP 6-75	,
Title: Grants	Officer			
* Telephone Nurr	nber: (510) 286-4160	The state of the s	Fax Number:	
• Email: mayli	ing@scc.ca.gov	T THE A		
* Signature of Au	Ithorized Representative;	Completed by Grants.gov upon su	omission. Date Signed: Completed	by Grants,gov upon submission.
			L	

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

APPLICATION FOR						[A1: _			
FEDERAL ASSISTAN	ICE		2. DATE SUBMITTED 8/22/2006			Applicant Identifier 8CA06045			
1. TYPE OF SUBMISSION Application	Pre-applic	eation	3. DATE REC	EIVED BY STATE			State Application Identifier 8CA06045		
☐Construction	☐ Constr		4. DATE REC	AL AGENC		ll Identifier -11052021-215			
⊠Non-Construction 5. APPLICANT INFORMA		onsu ucuon	l			1 00 00			
Legal Name: California De	nartment of Fo	prestry and Fire	e Protection	Organization	nal Unit:				
Legal Name. Camonia De	paramont or r		and the second series of the second s	Department	: California		f Forestry and Fire Protection		
Organizational DUNS: 792	358095	RE	CFIVE	Division: Re		_	rees to be contrated as mottage		
Address: Street: 1416 9 th . St:			ED 0 6 200	:l! Al	eiepnone r nis applicat	ion (give are:	rson to be contacted on matters a code)		
P.O. Box 944246			EP 2 6 200	1 1 7 10 11		First N	ame: Robb		
City: Sacramento		STATE	CLEARING F	Middle Nam Last Name:	e:				
County: Sacramento		WALLES AND DESCRIPTION OF THE PARTY.	ACM DESCRIPTION OF THE PERSON NAMED IN COLUMN 2 IN COL	Last Name: Suffix:	Forsberg		•		
State: CA		p Code: 9424	4-2460	Email: robb	forshera@i	fire ca dov			
Country: United States							Eav Number (sing area ands)		
6. EMPLOYER IDENTIFIC 68-306069	ATION NUME	BER (EIN):		Phone Num (916) 653-9	299		Fax Number (give area code) (916) 653-8957		
8. TYPE OF APPLICATION	N: Revision			7. TYPE OF	APPLICAN	NT: (See back	of form for Application Types)		
If Revision, enter appropria	te letter(s) in l	oox(es)		011-2	i£ A.	A. State G	overnment		
(See back of form for desc		s.) None		Other (spec	іту):				
Other (specify):			9. NAME OF FEDERAL A			AGENCY:	GENCY:		
10. CATALOG OF FEDER	AL DOMESTI	C ASSISTANC	CE NUMBER:				CANT'S PROJECT:		
Other (specify): 10-675 Ur	Other	inity Forestry		Urban & Co	mmunity Fo	restry Prograi	m		
12. AREAS AFFECTED B			e States etc.):						
Statewide		Cities, Courtie	-3, Olales, 610.).						
13. PROPOSED PROJEC	Τ					. DISTRICTS	b. Project: Statewide		
Start Date: 2006-07-01		nding Date: 20	007-12-31	a. Applicant		LIB IECT TO	REVIEW BY STATE EXECUTIVE		
15. ESTIMATED FUNDING	3 :			ORDER 12	ORDER 12372 PROCESS?				
a. Federal	\$		960,500 .00	a. Yes. ⊠	a. Yes. THIS PREAPPLICATION/APPLICATION WAS MANUAL AVAILABLE TO THE STATE EXECUTIVE ORDER				
b. Applicant	\$.00		PROCES	S FOR REVIE			
c. State	\$		960,500 .00	h No [7]	DATE:	M IS NOT CO	OVERED BY E. O. 12372		
d. Local	\$.00	b. No. 🗆	OR RECCENT HAS NOT BEEN SELECTED BY ST				
e. Other	\$.00	_	FOR REV	/IEW	NT ON ANY FEDERAL DEBT?		
f. Program Income	\$	4 1	921,000 .00	l		an explanation			
g. TOTAL	\$ KNOW! EDG	-					ARE TRUE AND CORRECT. THE		
DOCUMENT HAS BEEN!	OULY AUTHO	RIZED BY TH	E GOVERNING	BODY OF THE A	PPLICANT	AND THE AF	PLICANT WILL COMPLY WITH		
THE ATTACHED ASSUR									
a. Authorized Representative Prefix Mr. First Name: William				Mic	ddle Name: E	•			
Last Name: Snyder						ffix:			
b. Title: Deputy Director for Resource Management				<u></u>	c. Telephone Number (give area code) (916) 653-4298				
Email: Bill.Snyder@fire.ca	.gov	1			ļ	Fax Number (give area code)			
d. Signature of Authorized Representative					e.	Date Signed:	8/22/06		

Previous Edition Usable Authorized for Local Reproduction Standard Form 424 (Rev. 9-2003) Prescribed by OMB Circular A-102

Application for Federal Assis	stance SF-424		Version 02
*1. Type of Submission;	* 2. Type of Application:	"If Revision, select appropriate letter(s):	
Preapplication	✓ New		
Application	☐ Continuation	* Other (Specify)	·
Changed/Corrected Application	Revision		
*3. Date Received:	4. Applicant Identifier:	Ţ	SECEIVED
Completed by Grants.gov upon submission.			RECLIVE
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier;	RECEIVED SEP. 26 2006
			STATE CLEARING HOUSE
State Use Only:			STATL
6. Date Received by State:	7. State Application	on Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: Los Angelos Conse	rvation Corps		***************************************
* b. Employer/Texpayer Identification N	lumber (EIN/TIN):	* c. Organizational DUNS;	
95-4002138		161928122	
d. Address:			
*Stract1: 605 W. Olympic	Blvd., Sulte 450	10 to	- 118
Street2:	***************************************		
* City: Los Angeles		" 10)	······································
County:			
* State:		CA: California	-
Province:			4
* Country:	44	USA: UNITED STATES	1
* Zip / Postal Code: 90015			
o. Organizational Unit:			
Department Name:		Division Name:	
		J	
f. Name and contact Information of	person to be contacted on	matters involving this application:	
Prefix:	* First Nar	πe: Phil	
Middle Name:	- ,		•
* Last Name: Malero			
Suffix:			
Title: Deputy Director	A		
Organizational Affiliation:	,		
	· · · · · · · · · · · · · · · · · · ·	- N.	
* Tolephone Number: 213/747-1872, e	ext. 310	Fax Number: 213/747-284	14
* Email: pmatero@lacorps.org			

P. 002/004

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (spacify):	
<u> </u>	
* 10. Namo of Federal Agency:	
National Oceanic and Atmospheric Administration	
11. Catalog of Federal Domestic Assistance Number:	
11.463	
CFDA Title:	
Habitat Conservation	7
* 12. Funding Opportunity Number:	
NMFS-HCPO-2007-2000736	
* Title:	
FY2007 Community-based Habitat Restoration Project Grants	···[
13. Competition Identification Number:	į
2045996	
Title:	
	7
·	
	,
14. Areas Affected by Project (Cities, Counties, States, etc.):	_
* 15. Descriptive Title of Applicant's Project:	J
LACC's SEA Lab Abalone Project (SLAP)—LACC will spawn, outplant and survey larval and juvenile abalone along the Palos Verdes	1
Peninsula in Southern California.	
Attach supporting documents as specified in agency instructions.	
Add Allachments Delete Attachments View Attachments	

SEP-25-2006(MON) 11:22 LOS ANGELES CONSERVATION CORPS (FHX)213 (4/ 2944

Application for Federal	Assistance SF-424		Version 02
16. Congressional Districts O	f:		
* a. Applicant 31		b. Program/Project	36
Attach an additional list of Prog	ram/Project Congressional Districts if r	eeded.	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Add Altachment		•
17. Proposed Project:			4
" a. Start Date; 12/07/2006		* b. End Date;	05/31/2009
18. Estimated Funding (\$):			
* a. Federal	177,771.00		
* b. Applicant	179,745.00	•	
* c. State	0.00		
d. Local	0.00		
a. Other	30,000.00		
* f. Program Income	0.00		
*g. TOTAL	387,516.00		
• 20, is the Applicant Delinqu	ent On Any Federal Dobt? (If "Yes",	provide explanation.)	
herein are true, complete and comply with any resulting ter may subject me to criminal, o	on, I cordify (1) to the statements con discourate to the best of my knowle ms if I accept an award. I am aware livil, or administrative penalties. (U.S. asurances, or an internet site where yo	dgo. I also provide the required ass that any false, fictitious, or fraudule S. Code, Title 218, Section 1001)	surances ^{se} and agree to int statements or claims
Authorized Representative:			
Prefix:	* First Name:	Bruce	3",1
Middle Name:	7	,,,	(h.
* Last Name: Salto			
Suffix:			-
* Title: Executive Director			
*Telephone Number: 213/362-	9000, ext. 203	Fax Number:	
• Email: bsalto@lacorps.org	4.5		
* Signature of Authorized Repre-	sentative: Completed by Grants.gov upon s	ubmission. * Date Signed: Completed	by Grants.gov upon submission.

## FEDERAL ASSISTANCE 1. TYPE OF SUBMISSION: Application Construction Construction Mon-Construction Mon-Construction Mon-Construction Department of Forestry and Fire Protection Department of Forestry and Fire Protection Division: Resource Management Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Debbie Department Depa	APPLICATION FOR		2. DATE SUBMIT	2. DATE SUBMITTED May 3, 2006		Applicant Identifier 8CA06042			
A DATE RECEIVED BY FEDERAL AGENCY Foderal Identifier Foderation Construction Construct	FEDERAL ASSISTAN	<u>CE</u>							
Construction		Dro application		3. DATE RECEIVED BY STATE		8CA06	042		
S. APPLICANT INFORMATION Logal Name: California Department of Forestry and Fire Protection Department: California Department: California Department of Protection Involving this application (please on Department of Agriculture The Cat Alco Of Federal Department of D	☐ Construction	☐ Construction	4. DATE RECEIVE	D BY FEDER	AL AGEN	NCY Federa	ll Identifier CA - 11052021, 203		
Legal Name: California Department of Forestry and Fire Protection Organizational DUNS: 792358085 Oxidion: Resource Menagement California Department of Forestry and Fire Protection Oxidion: Resource Menagement California Department of Forestry and Fire Protection Oxidion: Resource Menagement Ox	5 APPLICANT INFORMAT	ON							
Organizational DUNS: 782355095 Division: Resource Management Address: Street: 1416 9" Street F.O. Box 944246 Frefix: Ms. Frst Name: Debble Frefix: Ms.	Legal Name: California Dep	artment of Forestry and Fi	re Protection	Organizatio	nal Unit:	a Department o	f Forestry and Fire Protection		
Address: Street: 1416 0° Street P.O. Box 944246 City: Sacramento County: Sacramento County: Sacramento County: United States Email: debble.mininfield@fire.ca.gov County: United States County: United Stat				1			of Forestry and the Frotoston		
Involving this application (give area code) First Name: Debble	Organizational DUNS: 7923	58095					to be contacted on matters		
Prefix Ms. First Name: Debbie Prefix Ms. First Name: Debbie Middle Name: Middle Nam	Address:			Name and to	elephone is applic	number of pe	rson to be contacted on matters		
Last Name: Mininfield	Street: 1416 9 th Street P.O. Box 944246					First N	ame: Debbie		
State: CA	City: Sacramento								
Suffix: CA Country: United States 6. EMPLOYER IDENTIFICATION NUMBER (EIN): e9-066669- 68-030069 8. TYPE OF APPLICATION: None None Other (specify): 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Other (specify): 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Other (specify): 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Cities, Counties, States, etc.): Statewide 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Statewide 15. STIMATED FUNDING: A. State Government Other (specify): 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE OTHER (Specify): 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE OTHER (Specify): 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE OTHER (Specify): 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE OTHER (Specify): 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES. 3. Authorized Representative Firefix Mr. First Name: William D. Title: Deputy Director for Resource Management D. Aguilland G. Authorized Representative D. Title: Deputy Director for Resource Management D. Aguilland G. Authorized Representative D. Title: Deputy Director for Resource Management D. Aguilland G. Authorized Representative D. Title: Deputy Director for Resource Management D. Aguilland G. Authorized Representative D. Title: Deputy Director for Resource Management D. Aguilland G. Authorized Representative D. Title: Deputy Director for Resource Management D. Aguilland G. Authorized Representative D. Title: Deputy Director for Authorized Representative D. Aguilland G. Authorized Representative D. Aguilla	County: Sacramento			Last Name:	Mininfield	d			
SemPLOYER IDENTIFICATION NUMBER (EIN): 90-986969- 8 - 330 6 0 6 7	State: CA	Zip Code: 9424	44-2460	Suffix:					
Phone Number (give area code) Fax Number (give area code) Fa	Country: United States			1					
STYPE OF APPLICANT: (See back of form for Application Types) STYPE OF APPLICANT: (See back of form for Application Types) STYPE OF APPLICANT: (See back of form for Application Types) STYPE OF APPLICANT: (See back of form for Application Types) A. State Government	6 EMPLOYER IDENTIFICA	TION NUMBER (EIN):				rea code)			
Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) None None None None None Other (specify):				7. TYPE OF	APPLIC	ANT: (See back	of form for Application Types)		
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) None None									
Content (specify) Cont	If Revision, enter appropriat	e letter(s) in box(es)		Other (anal	£./\•	A. State G	overnment		
Other (specify): 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Other (specify): 10-676 Forest Legacy Program 12. AREAS AFFECTED BY PROJECT (Cities, Countles, States, etc.): Statewide 13. PROPOSED PROJECT Start Date: 2006-07-01 Ending Date: 2007-12-13-19 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 16. IS APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROGESS FOR REVIEW ON DATE: 16. Other 17. IS THE APPLICATION ANY FEDERAL DEBT? 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ANY FEDERAL DEBT? 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES. 18. Authorized Representative Prefix Mr. First Name: William 19. NAME OF FEDERAL AGENCY: 19. S. Forest Sevrice, Department of Agriculture 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Forest Legacy Program - (Baxter) 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Forest Legacy Program - (Baxter) 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 12. A CONGRESSIONAL DISTRICTS OF: 2 a. Applicant: 3	(See back of form for descri	ption of letters.)		Other (spec	п у <i>)</i> -				
Other (specify): 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Other (specify): 10-676 Forest Legacy Program 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide 13. PROPOSED PROJECT Start Date: 2006-07-01 Ending Date: 2007-12-57-3 a. Applicant: 3 B. Applicant: 3			O NAME OF FEDERAL AGENCY:						
11. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Other Other (specify): 10-676 Forest Legacy Program 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide 13. PROPOSED PROJECT Start Date: 2006-07-01 Ending Date: 2007-1237	Other (specify):			II S Forest Service Department of Agriculture					
Other (specify): 10-676 Forest Legacy Program 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide 13. PROPOSED PROJECT Start Date: 2006-07-01 Ending Date: 2007-12-31 Ending Date: 3	10. CATALOG OF FEDERA	AL DOMESTIC ASSISTAN	ICE NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:					
Other (specify): 10-676 Forest Legacy Program 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide 13. PROPOSED PROJECT Start Date: 2006-07-01 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Applicant: 3 a. Applicant: 3 b. Project: Statewide 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal \$ 985,090 .00 a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. DATE: b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW f. Program Income \$ 17. IS THE APPLICATION/PREAPPLICATION ARY FEDERAL DEBT? g. TOTAL \$ 1313453 .00 Yes if "Yes" attach an explanation. If yes if y		Other		Forest Legacy Program - (Baxter)					
State Stat	• • • • •								
13. PROPOSED PROJECT State 2006-07-01 Ending Date: 2007-1231 State Applicant State Sta		PROJECT (Cities, Count	ies, States, etc.):						
Start Date: 2006-07-01 Ending Date: 2007-1231-36 a. Applicant: 3 b. Project: Statewide Start Date: 2006-07-01 Ending Date: 2007-1231-36 a. Applicant: 3 b. Project: Statewide Start Date: 2006-07-01 State Start Date: 2007-1231-36 a. Applicant Start Date: 2007-1231-36 a. Applicant Start Date: 2007-12372 CREETING PROCESS? a. Federal	Statewide			14. CONGRESSIONAL DISTRICTS OF:					
15. ESTIMATED FUNDING: a. Federal \$ 985,090 .00	Start Date: 2006-07-01	Ending Date:	2007-12-31	a. Applicant: 3 b. Project: Statewide					
a. Federal \$ 985,090 .00 a. Yes. Applicant b. Applicant c. State \$.00 DATE: d. Local \$.00 DATE: d. Local \$.00 DATE: d. Local \$.00 DATE: d. Cother \$.00 DATE: f. Program Income \$.00 DATE: g. TOTAL \$.1313453 .00 DATE: g. TOTAL \$.1313453 .00 DATE: g. TOTAL \$.1313453 .00 DATE: This PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: program Income \$.00 DATE: program Income \$.01 DATE: program Income \$.00 DATE: program Inco		: 20	09-06- 38	ORDER 12372 PROCESS?					
b. Applicant \$	- F-J1		985 090 .00	a Ves 🕅 THIS PREAPPLICATION/APPLICATION WAS MAD			ON/APPLICATION WAS MADE		
C. State C. Sta				-	AVAILA	BLE TO THE STATE EXECUTIVE ORDER 12372			
d. Local e. Other s 328,363 00 D. No. D PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW f. Program Income for Review Incompleted I					l	SS FOR REVI	S FOR REVIEW ON		
e. Other \$ 328,363 .00	c. State	5				- ALAIG NGT 61	NEDED BY E O 12272		
e. Other \$ 328,363 .00	d. Local	B	.00	b. No. 🗆					
f. Program Income f. Program In		ß	328,363 .00	_	FOR R	FVIEW	• /		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES. a. Authorized Representative Prefix Mr. First Name: William Last Name: Snyder b. Title: Deputy Director for Resource Management Email: Bill.Snyder@fire.ca.gov d. Signature of Authorized Representative William C	f. Program Income	\$. 0	1	APPLICA	NT DELINQUE			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES. a. Authorized Representative Prefix Mr. First Name: William Middle Name: E. Last Name: Snyder b. Title: Deputy Director for Resource Management C. Telephone Number (give area code) (916) 653-4298 Email: Bill.Snyder@fire.ca.gov d. Signature of Authorized Representative William C May 9-2006	g. TOTAL	3	1313,453 .00						
Authorized Representative Prefix Mr. First Name: William Last Name: Snyder b. Title: Deputy Director for Resource Management Email: Bill.Snyder@fire.ca.gov d. Signature of Authorized Representative Middle Name: E. Suffix: c. Telephone Number (give area code) (916) 653-4298 Fax Number (give area code) () - e. Date Signed: 5/4/06		KNOWLEDGE AND BELI	EF, ALL DATA IN TH	IS APPLICAT	ION/PRE	APPLICATION	ARE TRUE AND CORRECT. THE PLICANT WILL COMPLY WITH		
a. Authorized Representative Prefix Mr. First Name: William Middle Name: E. Last Name: Snyder b. Title: Deputy Director for Resource Management Email: Bill.Snyder@fire.ca.gov d. Signature of Authorized Representative C. Telephone Number (give area code) (916) 653-4298 Fax Number (give area code) () - e. Date Signed: 5/4/06	THE ATTACHED ASSURA	NCES.	IIL GOVERNING DO						
Prefix Mr. First Name: William Middle Name: E. Last Name: Snyder b. Title: Deputy Director for Resource Management Email: Bill.Snyder@fire.ca.gov d. Signature of Authorized Representative C. Telephone Number (give area code) (916) 653-4298 Fax Number (give area code) () - e. Date Signed: 5/4/06		/e				Middle Nome: "			
Last Name: Snyder b. Title: Deputy Director for Resource Management c. Telephone Number (give area code) (916) 653-4298 Email: Bill.Snyder@fire.ca.gov d. Signature of Authorized Representative C. Telephone Number (give area code) (916) 653-4298 Fax Number (give area code) (916) 653-4298 Fax Number (give area code) (916) 653-4298 Fax Number (give area code) (916) 653-4298							<u>-</u>		
Email: Bill.Snyder@fire.ca.gov d. Signature of Authorized Representative General Standard Form 424 (Rev. 9-200)	Last Name: Snyder								
d. Signature of Authorized Representative William & Market Signed: 5/4/06 Standard Form 424 (Rev. 9-200)	b. Title: Deputy Director for	Resource Management			1	(916) 653-42	98		
Standard Form AVA (POV 9-711)	Email: Bill.Snyder@fire.ca	gov)		() -			
Standard Form AVA (POV 9-711)	d. Signature of Authorized	Representative /), #	your Golde	de		e. Date Signed:	5/4/06		
	Previous Edition Usable	vill	500	m		IV/ED	Standard Form 424 (Rev. 9-2003		

SEP 2 6 2006

APPLICATION FOR		2. DATE SUBMITTED 8/28/2006			Applicant Identifier 8CA06052		
FEDERAL ASSISTANCE		3. DATE RECEIVED BY STATE			State Application Identifier		
1. TYPE OF SUBMISSION	Pre-applic	ation	}			8CA06052	
Application Construction Non-Construction	☐ Constr	uction onstruction	4. DATE RECEIVED BY FEDERAL AGENCY 名りしん			Federal Identifier 06-D6-11052021-361	
5 ADDLICANT INFORMAT	ION			,			
Legal Name: California De	partment of Fo	restry and Fire	e Protection	Organization	nal Unit:	partment of Forestry and Fire Protection	
•							
Organizational DUNS: 792	358095	DEC	EIVED	Division: Res			
Address:		1 11	2006	Name and te	lephone nur	mber of person to be contacted on matters	
Street: 1416 9th, St.		TSFF	2.6. 2006	Drofiv: Mr		n (give area code) First Name: Robb	
P.O. Box 944246		1 32		FIGURE 1011.			
City: Sacramento		CTATE	CLEARING HOUSE	Last Name:	Eorshera		
County: Sacramento		1					
State: CA	Zi	p Code: 9424	4-2460	Suffix:			
Country: United States				!	forsberg@fire		
6. EMPLOYER IDENTIFIC	ATION NUME	BER (EIN):		Phone Numb	per (give area o	(916) 653-8957	
68-306069 68	-03060	069		(916) 653-92 7. TYPE OF	APPLICANT	: (See back of form for Application Types)	
8. TYPE OF APPLICATIO	n: New						
If Revision, enter appropria	ite letter(s) in l	oox(es)		Other (speci		A. State Government	
(See back of form for description of letters.)				Other (speci	·¥/.	•	
None	None	•	•	9. NAME OF	AGENCY:		
Other (specify):						OF APPLICANT'S PROJECT:	
10. CATALOG OF FEDER	AL DOMEST	IC ASSISTAN	CE NUMBER:	Conservation Reserve Program II — Sign-up 28			
(15 40 004 0	Other	oetov Accietan	ice				
Other (specify): 10-664 C				1			
12. AREAS AFFECTED B	Y PROJECT (Cities, Counti	es, States, etc.j.				
Statewide 13. PROPOSED PROJECT	Т					DISTRICTS OF: b. Project: Statewide	
Start Date; 2006-07-01	E E	nding Date: 2	2007-12-31	a. Applicant:			
Start Date: 2006 07 01 15. ESTIMATED FUNDIN	G:			16. IS APPL	ICATION SU	BJECT TO REVIEW BY STATE EXECUTIVE	
			8,383 .00	a. Yes.	72 PROCES	PPI ICATION/APPLICATION WAS MADE	
a. Federal	\$.00	u. 100. Z	AVAILABLE	TO THE STATE EXECUTIVE ORDER 12372	
b. Applicant	\$				1	FOR REVIEW ON	
c. State	\$.00		DATE:	IS NOT COVERED BY E. O. 12372	
d. Local	\$.00	b. No. 🗆		RAM HAS NOT BEEN SELECTED BY STATE	
e. Other	\$.00		FOR REVIE	-w	
f. Program Income	\$.00	l		DELINQUENT ON ANY FEDERAL DEBT?	
TOTAL	\$		8,383 .00			n explanation. 🗵 No	
	KNOWLEDG	E AND BELI	EF, ALL DATA IN TH	IS APPLICAT	ION/PREAPP	PLICATION ARE TRUE AND CORRECT. THE ND THE APPLICANT WILL COMPLY WITH	
DOCUMENT HAS BEEN	DULY AUTHO	ORIZED BY T	HE GOVERNING BO	DY OF THE A	PPLICANT A	ND THE APPLICANT WILL COMPLY WITH	
THE ATTACHED ASSUR	ANCES.						
a. Authorized Representa Prefix Mr.	First Nam	e: William			Midd	lle Name: E.	
Last Name: Snyder					Suffi	x:	
b. Title: Deputy Director for Resource Management					c. Telephone Number (give area code) (916) 653-4298		
Email: Bill.Snyder@fire.c	a.gov			***************************************		Number (give area code)	
d. Signature of Authorized		ve /). //		1-	e. Da	ate Signed: 8/28/06	
i d. Signature of Authorized	i izehieseiirari	** (<i>5] [[0]</i> [0]	4. 5 /M/	sA O	l	01-0100	

Previous Edition Usable Authorized for Local Reproduction Standard Form 424 (Rev. 9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR	NOE		2. DATE SUBMI	TTFD 8/28/20	06	Applicant Id	entifier	Version 7/0
FEDERAL ASSISTA 1. TYPE OF SUBMISSION			3. DATE RECEI			State Applic		
Application		application	O. DATE REGER	ILD BI OTATI	EDBIGIAIL			o, ilinoi
☐Construction	□Cc	nstruction	4. DATE RECE		RAL AGENCY	Federal Ide	ntifier	
⊠Non-Construction		n-Construction	813	31106		106-DG	-1105	52021-362
 APPLICANT INFORMA Legal Name: California De 		of Forestry and Fir	e Protection	Organizati	onal Unit			
Legal Name. Camomia De	sparanent	or rolestry and rin	C 1 10tCotton		t: California Dep	artment of For	estry and	d Fire Protection
Organizational DUNS: 793	2358095			Division: R	lesource Manage	ment		
Address:				Name and	telephone numi	per of person	to be co	ontacted on matters
Street: 1416 9th. St.				involving t	his application	(give area cod	de)	HE COMMUNICATION OF THE PROPERTY OF THE PROPER
P.O. Box 944246				Prefix: M	ir.	First Name:	Robb	ECENTED
City: Sacramento				Middle Nan	ne:		11	Trace of Research of Section 1
County: Sacramento				Last Name:	: Forsberg			SEP 2 6 2006
State: CA		Zip Code: 9424	4-2460	Suffix:				
Country: United States		<u> </u>		Email: robi	b.forsberg@fire.d	a.gov	STA	TE CLEARING HOU
6. EMPLOYER IDENTIFIC 68-306069	SOLO	JMBER (EIN):		Phone Num (916) 653-9	nber (give area coo		Numbe 6) 653-8	r (give area code) 957
8. TYPE OF APPLICATIO	N:			7. TYPE OF APPLICANT: (See back of form for Application Types)				
If Revision, enter appropria (See back of form for desc None	ription of le			A. State Government Other (specify):				
Other (specify):				9. NAME O	F FEDERAL AG	ENCY:		101 - 101 -
10. CATALOG OF FEDER		STIC ASSISTANC	CE NUMBER:		RIPTIVE TITLE O		r's Pro	JECT:
Other (specify): 10-664 Co			e	Sign-ups 29 + 30				
12. AREAS AFFECTED B Statewide	Y PROJEC	CT (Cities, Countie	s, States, etc.):	1	•			
13. PROPOSED PROJEC	T			14. CONGRESSIONAL DISTRICTS OF:				
Start Date: 12006-07-01	and	Ending Date: 20	07-12-31	a. Applicant	t: 3	b. F	roject: 3	Statewide
15. ESTIMATED FUNDING	3:		good-1-2-2-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	l	LICATION SUBJ 372 PROCESS?		EW BY	STATE EXECUTIVE
a. Federal	\$	1	22,482 .00	a. Yes. 🛛	THIS PREAPF	LICATION/AP		ION WAS MADE
b. Applicant	\$.00		PROCESS FO			TIVE ORDER 12372
c. State	\$.00		DATE:	•		
d. Local	\$.00	b. No. PROGRAM IS NOT COVERED BY E. O. 12372				
e. Other	\$.00	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
f. Program Income	\$.00	17. IS THE	APPLICANT DE	LINQUENT O	N ANY F	EDERAL DEBT?
9	\$		22,482 .00	,,	Yes" attach an e	•		⊠ No
18. TO THE BEST OF MY DOCUMENT HAS BEEN D THE ATTACHED ASSURA	OULY AUT	DGE AND BELIEF HORIZED BY THE	, ALL DATA IN TI E GOVERNING BO	HIS APPLICAT DDY OF THE A	ION/PREAPPLIC PPLICANT AND	THE APPLIC	TRUE AI ANT WIL	ND CORRECT. THE LL COMPLY WITH
a. Authorized Representati		1.000			1 2 2 1 11 5	I		
Prefix Mr.	First Na	ame: William			Middle N	lame: E.		

d. Signature of Authorized Representative Previous Edition Usable Authorized for Local Reproduction

Email: Bill.Snyder@fire.ca.gov

b. Title: Deputy Director for Resource Management

Last Name: Snyder

Standard Form 424 (Rev. 9-2003) Prescribed by OMB Circular A-102

Suffix:

c. Telephone Number (give area code) (916) 653-4298

Fax Number (give area code)

() -e. Date Signed:

APPLICATION FOR					Version 7/0	
FEDERAL ASSISTANCE		2. DATE SUBMITTED August 21, 2006		Applicant Iden	tifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Application Identifier		
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fler	
✓ Non-Construction	Non-Construc	tion				
5. APPLICANT INFORMATION Legal Name:	17/1/1/1		Organizational Unit:			
			Department:			
State of California Organizational DUNS:			Department of Health			
DHS 968257675			Division; Drinking Water and E		The state of the s	
Address:			Name and telephone involving this applic.		rson to be contacted on matters	
1616 Capital Avenue, P. O. Box	997413 MS 7400	namengaria pada naga ngangangan ayang ayan, na mangalan sakan kanada pang banahayan anan anan anan anan anan a	Pjefix:	First Name;	2 334	
City: Sacramento		RECEIVED	Mddle Name	Alice		
County: Sacramento	.,,	SFP.2 6 2006	Lest Name Webber		AP	
State: California	Zip Code	SEP, 2 6 2000	Suffix:		THE RESERVE OF THE PERSON OF T	
	Zip Code 95899-7413					
Country: United States		STATE CLEARING HOU				
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN)	THE RESIDENCE OF THE PROPERTY	Phone Number (give a	ев соде)	Fax Number (give area code)	
88-0317191			916-449-5586		916-449-5575	
8. TYPE OF APPLICATION:)	7. TYPE OF APPLICA	NT: (See back	k of form for Application Types)	
If Poylolon, onto any any inter-		uation 🗀 Revision	A, State			
If Revision, enter appropriate let (See back of form for description	of letters.)		Other (specify)			
Other (specify)			9. NAME OF FEDERA U.S. Environmental Pr	atection Agenc	•	
10. CATALOG OF FEDERAL	DOMESTIC ASSIST	TANCE NUMBER:	11. DESCRIPTIVE TIT	LE OF APPLIC	CANT'S PROJECT:	
TITLE (Name of Program): PWSS (Public Water Systems	Support)	66-432			Program. This grant is provided to sm of public water systems.	
12. AREAS AFFECTED BY PR	OJECT (Cities, Co.	ıntles, Stafes, etc.):				
State of California						
13. PROPOSED PROJECT Start Date:	Ending Date:		14. CONGRESSIONA a. Applicant	L DISTRICTS		
October 1, 2006	September 30,	2008	State of California		b. Project Statewide	
16. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO	REVIEW BY STATE EXECUTIVE	
a. Federal \$		110	ORDER 12372 PROCE		/APPLICATION WAS MADE	
b. Applicant \$		7,138,270	a. Yes. L AVAILABL	E TO THE STA	TE EXECUTIVE ORDER 12372	
c. State		· UD	PROCESS	FOR REVIEW	ON	
C. State		13,451,132	DATE:			
d. Local s		UU .	b. No. 17 PROGRAM	A IS NOT COV	ERED BY E. O. 12372	
e. Other \$	····	- 00		RAM HAS NOT	FBEEN SELECTED BY STATE	
f. Program Income \$ State of California		010	17. IS THE APPLICAN	TDELINQUEN	IT ON ANY FEDERAL DEBT?	
g. TOTAL \$		20,589,402	Yes If 'Yes' attach	an explanation.	☑ No	
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T B. Authorized Representative	WLEDGE AND BEI AUTHORIZED BY 1 HE ASSISTANCE I	JEF, ALL DATA IN THIS APP	LICATION	·		
Prefix	First Name	Net	Middle N	lame		
Last Name Horton	Me	ork .	Suffix		· · · · · · · · · · · · · · · · · · ·	
o. Title State Public Health Officer / Chie	f Daniel Di		c. Telepi	none Number (c	NA Amu codo)	
I. Signature of Authorized Repres	Algire		(916) 44	0-7400	ALLE SIDE COOR)	
revious Edition Usable		61	o. Date S	Signed -	2006	
Authorized for Local Reproduction	,) `	-		7	Standard Form 424 (Rev.9-2003)	
•					Prescribed by OMB Circular A-102	

09-27-2006

APPLICATION FOR						Version 7/0	
FEDERAL ASSISTANCE			2. DATE SUBMITTED September 25, 2006		Applicant Ider DUNS #80-83		
1. TYPE OF SUBMISSION: Application	Dec coelle		3. DATE RECEIVED BY	STATE	State Application Identifier		
Construction	Pre-applica		4. DATE RECEIVED BY	FEDERAL AG	ENCY Federal Identi	fier	
Non-Construction	☐ Non-Co						
5. APPLICANT INFORMATION Legal Name:							
,	ſ	The same of the sa	мет муже каналаги кар синтема (параму цайжа энглар) акта на каналу акта на каналу акта на к	Organization Uepartment:			
California Conservation Corps Organizational DUNS:		RE	CENED	Northern Sen Division:	vice District		
80-8322127		I A Rosson	Beren I W Come Bank	Fortuna Cent			
Address: Street:		SE	P 2.7 2006	Name and te	lephone number of pe s application (give are	rson to be contacted on matters	
1500 Alamar Way	and the same of th	-		Frefix:	First Name:		
City: Fortuna		STATE	CLEARING HOUS		Michelle		
County: Humboldt		PATRICIAL DES PROPRIO	A Soft colour parties or the performance of the soft parties of the soft and the soft parties of the soft	Last Name Rankin			
State: California	Zip Code			Suffix:			
Country:	95540			Email:			
USA	NAMEDED	/EIND:		mrankin@ccc			
6. EMPLOYER IDENTIFICATIO		(EIN):		1	er (give area code)	Fax Number (give area code)	
68-0298653 8. TYPE OF APPLICATION:				(707) 725-510		(707) 725-1748	
D New	, m	Continuation	n Revision		PPLICANT: (See Dac	k of form for Application Types)	
If Revision, enter appropriate lette (See back of form for description	er(s) in box(e	es)	i Keatsiúil	A. State Other (specify)			
1	or letters.)			Other (specity			
Other (specify)					FEDERAL AGENCY: anic & Atmospheric Adr	ninistration - Dept. of Commerce	
10. CATALOG OF FEDERAL D	OMESTIC /	ASSISTANC	E NUMBER:	11. DESCRIP	TIVE TITLE OF APPLI	CANT'S PROJECT:	
			1 1-4 6 3	California Co	astal Fisheries Restorat	ion Project Partnership	
TITLE (Name of Program): Community-based Habitat Resto	ration Natio	nal and Red				•	
12. AREAS AFFECTED BY PRO	DJECT (Citie	es, Counties	, States, etc.):	1			
Coastal California from Oregon t	o Mexican E	Border					
13. PROPOSED PROJECT Start Date:	Ending D	oto:		**************************************	SSIONAL DISTRICTS		
July 1, 2007	June 30,			a. Applicant		b. Project 1, 2, 6, 14, 17, 23, 24	
15. ESTIMATED FUNDING:				16. IS APPLIC ORDER 12372		REVIEW BY STATE EXECUTIVE	
a. Federal \$			975,000	a Vos 🌠 TI	HIS PREAPPLICATION	VAPPLICATION WAS MADE	
b. Applicant \$.00		ROCESS FOR REVIEV	ATE EXECUTIVE ORDER 12372 V ON	
c. State \$			978,645	D.	ATE: Seplember 26, 20	006	
d. Local \$.00	PI	ROGRAM IS NOT COV	ERED BY E. O. 12372	
e. Other \$			90	D. NO. 111		T BEEN SELECTED BY STATE	
f. Program Income \$				F(OR REVIEW	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$. 00				
	W FDOF 41	10 DEL 155	1,953,645		s" attach an explanation		
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A	NUTHORIZE	D BY THE	GOVERNING BODY OF 1	LICATION/PRI HE APPLICAN	EAPPLICATION ARE T IT AND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF To a. Authorized Representative		ANCE IS AV	NARUED.				
Prefix Ms.	First Name Michelle				Middle Name	***************************************	
Last Name Rankin					Suffix		
b. Title Center Director					c. Telephone Number		
d. Signature of Authorized Repres	entative	<u> </u>			(707) 725-5106 ext. 2 e. Date Signed	na	
Previous Edition Usable	ting				September 25, 2006	Standard Form 424 (Rev.9-2003)	
Authorized for Local Reproduction	Ī					Prescribed by OMB Circular A-102	

p.2

Application for	Federal Assis	tance SF-424			<u> </u>	Version 02	
* 1. Type of Submiss Preapplication Application Changed/Correcte		* 2. Type of Application: V New Continuation Revision	If Revision, select appropriate letter(s): Other (Specify)				
* 3. Date Received:	upon submission.	4. Applicant Identifier: SC 20070216					
5a. Federal Entity Ide	entifier:		* 5b. Federal Award	d Identifier:			
State Use Only:			-J <u>L</u>		RECEIVED		
6. Date Received by	Slate:	7. State Application	n Identifier:		SFP 2/7 2006		
8. APPLICANT INFO	RMATION:						
* a. Legal Name: Re	egents of the Unive	ersity of California, Santa Cru	Z		STATE CLEARING HOUS		
b. Employer/Taxpay	er Identification Nu	umber (EIN/TIN):	* c. Organizational DUNS:				
d. Address:							
* Street1: Street2:	1156 High Street						
* City:	Santa Cruz			1			
County: * State:			CA: Californ	J nie			
Province:			OA. Callion]			
* Country:			USA: UNITED STATES	3			
* Zip / Postal Code:	95064]			
e. Organizational U	nit:						
Department Name:			Division Name:				
Institute of Marine Sc	iences		Physical -Biological Sciences				
f. Name and contact	t information of p	erson to be contacted on	matters involving this	s applicati	on:		
Prefix: Ms.		* First Nam	ne: Lynne				
Middle Name:							
* Last Name: Van (Der Kamp						
	rch Administrator						
Organizational Affiliati	ion:						
* Telephone Number:	831-459-1574		Fax Num	nber: 83 1	-459-5353		
* Email: Lvan@ucs	sc.edu						

Application for F	ederal Assistanc	e SF-424		Version 02			
16. Congressional Di	A.L						
* a. Applicant 17	guipta Off		b. Program/Project 17				
Attach an additional lis	st of Program/Project C	ongressional Districts if nee	eded.				
	ME NG NG	Add Atachment III	e Altachmont View Attachmont				
17. Proposed Projec	:t:	***					
* a. Start Date: 03/0	1/2007		* b. End Date: 02/28/2009				
18. Estimated Fundin	ng (\$):						
* a. Federal		131,857.00					
* b. Applicant		0.00					
* c. State		0.00					
* d. Local		0.00					
* e. Other		0.00					
* f. Program Income		0.00					
◆ g. TOTAL		131,857.00					
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process? ✓ a. This application was made available to the State under the Executive Order 12372 Process for review on □ b. Program is subject to E.O. 12372 but has not been selected by the State for review. □ c. Program is not covered by E.O. 12372. * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) □ Yes							
✓ **IAGREE	, ,	, ,	i. Code, Title 218, Section 1001)				
** The list of certifical specific instructions.	tions and assurances, o	or an internet site where you	u may obtain this list, is contained in the announcement or agency				
Authorized Represe	ntative:						
Prefix: Ms.	- 174V	* First Name:	Lynne				
Middle Name:							
* Last Name: Van	Der Kamp						
Suffix:							
* Title: Senior Rese	earch Administrator						
* Telephone Number:	831-459-1574		Fax Number: 831-459-5353				
* Email: Lvan@uc	sc.edu						
* Signature of Author	ized Representative:	Completed by Grants.gov upon su	ubmission. * Date Signed: Completed by Grants.gov upon submission.				

Application for Federal Assistance SF-424	ersion 02
9. Type of Applicant 1: Select Applicant Type:	
H: Public/State Controlled Institution of Higher Education	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
National Oceanic and Almospheric Administration	
11. Catalog of Federal Domestic Assistance Number:	
11.463	
CFDA Title:	
Habitat Conservation	
* 12. Funding Opportunity Number:	
NMFS-HCPO-2007-2000767	
• Title:	
Implementation of Marine Protected Areas, Southern California Coast	
	-
13. Competition Identification Number:	
2049488	
Title;	
14. Areas Affected by Project (Citles, Counties, States, etc.): Santa Cruz, San Diego CA	
Santa Ordz, San Diego CA	
* 15. Descriptive Title of Applicant's Project:	
Baselines for the evaluation of marine reserves: prospects for future reserve performance	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments Wew Attachments	

* Phone Number: 530-747-3912

20. Pre-application

* Signature of Authorized Representative

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5307473937

SF 424 (R&R) APPLIC. IN FOR FEDERAL ASSISTANCE 16. ESTIMATED PROJECT FUNDING 17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 8. YES 🗸 THIS PREAPPLICATION/APPLICATION WAS MADE a. * Total Estimated Project Funding 541.637.82 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: b. * Total Federal & Non-Federal Funds 541,637,82 DATE: 09/27/2006 c. " Estimated Program Income 0.00 PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) * The list of cartifications and assurances, or an infernet site where you may obtain this list, is contained in the announcement or agency specific instructions. 19. Authorized Representative Prefix: * First Name: Middle Name: " Last Name: Suffix; Mr. Matt Nguyen * Position/Title; Contracts and Grants Analyst Organization: Regents of University of California Department: Office of Research Sponsored Programs Division: 1850 Research Park Drive, Suite 300 * Street1: Street2: * City: Davis County: Yolo * State: CA ZIP Code: 95618 * Country: USA

Fax Number: 530-747-3937

OMB Number; 4040-0001

View Attachment

Expiration Date: 04/30/2008



mannguyan@ucdavis.edu

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* Date Signed

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APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBN	IITTED	Applicant identifier			
SF 424 (R&R)	3. DATE RECE	IVED BY STATE	State Application Identifier			
1. TYPE OF SUBMISSION	4. Federal ide	ntiffor				
Pre-application	4, Fede/81 III	THE STATE OF THE S				
6. APPLICANT INFORMATION		^ Organizat	lonal DUNS: 0471200840000	_]		
Legal Name: Regents of University of California						
Department; Office of Research	Division: Sp	onsored Programs				
Street1: 1850 Research Park Drive, Suite 300	Street2:					
* City: Davis Cou	Inty: Yolo		* State: CA * ZIP Code: 95618			
Country: USA						
Person to be contacted on matters Involving this applica	ation		Duttin			
Prefix: *First Name:	Middle Name:	M 10 00 14	* Last Name: Suffix:	1		
Mr, Matt	<u> </u>		Nguyen			
Phone Number: 530-747-3912	ax Number: 530	-747-3937	Email: mannguyen@ucdavis.edu			
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF APPLIC	ANT:			
946038494		F: St	ate-Controlled Institution of Higher Education			
8. TYPE OF APPLICATION: V New		Other (Specify):				
Resubmission Renewal Continuation	Revision	Women Owned	Small Business Organization Type Socially and Economically Disadvan	taged		
If Revision, mark appropriate box(es).		9. * NAME OF FEDER	AL AGENCY:			
A. Increase Award B. Decrease Award (, C. In	crease Duration	Office of Science				
D. Decrease Duration E. Other (spealfy):		10, CATALOG OF FE	DERAL DOMESTIC ASSISTANCE NUMBER:			
* is this application being submitted to other agencies?	Yes No					
What other Agencies?		TITLE: Office of Science Financial Assistance Program				
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJE Residual Silicate Systems from Energy Utilization of A		Experimental Melting C	Constraints on Slag Formation and Potassium Volatiliza	tio		
12. * AREAS AFFECTED BY PROJECT (cities, counti	es, states, etc.)					
13. PROPOSED PROJECT:		14. CONGRESSIONA	I DISTRICTS OF			
* Start Date * Ending Date		a, * Applicant	b. * Project			
04/01/2007 03/31/2010		CA-001	CA-001			
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATO Prefix: * First Name:	R CONTACT INF	ORMATION	* Last Name: Suffix:			
Dr. Peter			Thy			
Position/Title: Project Scientist	" Organization	on Name: Regents of C	Iniversity of California			
Department: Department of Geology	Division:	01 D0011 10 H01 91 2 01 91				
* Street1: One Shields Avenue	Street2:					
* City: Davis Co	unty: Yolo		* State: CA * ZIP Code: 95616]		
Country: USA	1		***************************************			
* Phone Number: 530-752-0350	ax Number: 530	-752-0951	* Email: thy@geology,ucdavis,edu			

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20. Pre-application

Page 2 SF 424 (R&R) APPLICA... IN FOR FEDERAL ASSISTANCE 17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 16. ESTIMATED PROJECT FUNDING ORDER 12372 PROCESS? a. YES 🦪 THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 541,637,82 a. * Total Estimated Project Funding PROCESS FOR REVIEW ON: b. Total Federal & Non-Federal Funds 541,637.82 DATE: 09/27/2006 c. * Estimated Program Income 0.00 PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Cade, Title 18, Section 1001) ✓ * I agree * The list of conflications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agancy specific instructions. 19. Authorized Representative Suffix: " Last Name: Prefix: * First Name: Middle Name: Nguyen Mr. Matt Regents of University of California * Organization: - Position/Title: Contracts and Grants Analyst Sponsored Programs Office of Research Division: Department: * Street1: 1850 Research Park Drive, Suite 300 Street2: * ZIP Code: 95618 * City: Davis County: Yolo * State: CA Country: USA mannguyen@ucdavls.edu * Phone Number: | 530-747-3912 Fax Number: 530-747-3937 * Date Signed * Signature of Authorized Representative

OMB Number: 4040-0001

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Expiration Date: 04/30/2008



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FAX:

OR		DE	2A GRAI	+	
				ONID Approvating, 0348	
				Applicant Identifier 047897863	
J.		3. DATE RECEIVED	BY STATE	State Application Identifier	
Constru	n ction	4 DATE BECEIVE	DVESTER		
Non-Cor	struction	W DATE RECEIVED	BY FEDERAL AGENCY	Federal Identifier	
TON			10		
2			Office of City N	Manager	
state, and zip code);			Name and telephone	number of person to be contacted on matters in a	
venue 4088-3707	REC	CEIVED	this application (give area code) Ms. Coryn Campbell		
TION NUMBER (E)	N):	0/0 2000	408-730-7475		
	3 SEP	2 8 2006	17. TYPE OF APPLICA	ANT: (enter appropriate letter in box)	
	CTATE O	EADING HOUSE	A. State	H. Independent School Dist.	
New Con-			11	I. State Controlled Institution of Higher Learning	
		— 		J. Private University K. Indian Tribe	
; letter(s) in box(es)			E. Interstate	L. Individual	
Decrease Award	C. Increase	Duration	F. Intermunicipal	M. Profit Organization	
her(specify):	, , , , , , , , , , , , , , , , , , , ,		G. Special District	N. Other (Specify)	
			9. NAME OF FEDERA	L AGENCY:	
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DOMESTIC ASSIS	TANCE NUM	IBER:		LE OF ADDITIONAL TO THE OWNER OF THE OWNER	
	1	2 - 6 0 7		LL OF APPLICANT'S PROJECT:	
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KOJECT (Cities, Co	ounties, States	s, elc.):			
le					
14. CONGRESS	IONAL DIST	PICTO AC.			
1 11012202		NOIS UF:			
		NOTS OF:			
a. Applicant		CIS OF:	b. Project		
	14	COTS OF:		14 URISCI TO OCUMENT	
a. Applicant			16. IS APPLICATION SI	UBJECT TO REVIEW BY STATE EXECUTIVE	
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a. Applicant	14	7,674	16. IS APPLICATION SI ORDER 12372 PRO 2. YES. THIS PREAP	UBJECT TO REVIEW BY STATE EXECUTIVE CESS? PLICATION/APPLICATION WAS MADE	
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	Construction Non-Control Non-	Preapplication Construction Non-Construction Non-Construction TION State, and zip code): Venue 4088-3707 ATION NUMBER (E.N): SEP 0 4 3 8 STATE CI New Continuation Seletter(s) in box(es) Decrease Award C. Increase of ther (specify): DOMESTIC ASSISTANCE NUM 1 Economic Adjustment Planning A PROJECT (Cities, Counties, States) 1e	Preapplication Construction Construction Non-Construction A. DATE RECEIVED	STANCE 2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY A DATE RECEIVED BY FEDERAL AGENCY Organizational Unit: Office of City N Name and telephone this application (give at Ms. Coryn Campbe 408-730-7475 ATION NUMBER (E.W.): SEP 2 8 2006 TOWNSON CORP. A State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District PROJECT (Citles. Counties, States, etc.): Decrease Adjustment Planning Assistance PROJECT (Citles. Counties, States, etc.): J. DATE RECEIVED BY FEDERAL AGENCY A DATE RECEIVED BY FEDERAL AGENCY A DATE RECEIVED BY FEDERAL AGENCY A State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District OFA 11. DESCRIPTIVE TIT ONIZUKA AFS	

FEDERAL ASSISTANCE 2. DAT	E SUBMITTED 9	/28/0	Applicant Identi	fier
4 1 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14	E RECEIVED BY STAT		State Application	n Identifier
Application Pre-application Construction Construction 4. DAT	E RECEIVED BY FEDE	RAL AGENCY	Y Federal Identifier	
Non-Construction				No sales
5. APPLICANT INFORMATION Legal Name:	Org	anizational Unit:		
Actoria: Action for a Sustainable Ea	rth Dep	Partment San Fra	ncisquito 1	Naters hed Council
Organizational DUNS: 121365670	Divi	sion:	,	
Address:	Nan	ne and telephone plying this applica	number of peration (give area	eon to be contacted on matters
3921 East Bayshore Road	Pref		First Name:	Cathleen
City: Palo Allo	Mide	dle Name Ro	χe	
County Santa Clara	Last	Name Pil	at	
State: California Zip Code 94303	Suff	fix:		
Country USA	Ema	ili Katie	@ sanfr	ancisquito.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN):	Pho	ne Number (give a	rea code)	Fax Number (give area code)
23-7064937	6	10-961-10	35 × 305	650-962-8234 of form for Application Types)
0. TYPE OF APPLICATION:				ganization
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		er (specify)	PYDIN O	ganz
	_ 2 2000	IAME OF FEDERA	AL AGENCY:	
Other (specify) SEP			NOA	A Fisheries
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUM STATE CI				CANT'S PROJECT:
TITLE (Name of Program): Habitat Conservation	11 1 2	San Fran	1 - 10140	Steward ship
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States		^ .	(ab) (tui	Sleading s.il
San Mateo, Santa Clara Counti	1 8	Project		
13. PROPOSED PROJECT	14.	CONGRESSIONA Applicant	L DISTRICTS C	b. Project) / [
Start Date: 8/1/07 Ending Date: 7/31/	09	17		' 14
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a Federal 34, c	31 · · · a. Y	es. 🎢 AVAILAB	LE TO THE STA	APPLICATION WAS MADE TE EXECUTIVE ORDER 12372
b, Applicant 5	O . su		S FOR REVIEW	
c. State \$	00		9/28/0	
d. Local 5 4,70	08 b. N	40. □		ERED BY E. O. 12372
e. Other \$ 29'9	33	☐ FOR RE\	/IEW	F BEEN SELECTED BY STATE
f. Program Income S	0 17.	IS THE APPLICA	NT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$ 68,6	/ 200	Yes if "Yes" attach	•	•
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL D DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVER	NATA IN THIS APPLICA	TION/PREAPPLI APPLICANT AND	CATION ARE T	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARD	ED.			
Prefix Ms - First Name Kath lee	?n	Middle	Name Ros	se
Last Name		Suffix	1	A
b. Title Restoration Projects May	1ager	c. Tele	phone Number	(give area code) 1 - 1035 ×305
d. Signature of Authorized Representative	0.1		a Signed	128/06
Previous Edition Usable	<u>var</u>			Standard Form 424 (Rev.9-2003) Prescribed by QMB Circular A-102

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P.02

Application for	pplication for Federal Assistance SF-424 Version (Version 02	
* 1. Type of Submissi Preapplication Application Changed/Correcte		✓ New	tinuation	* If Revision, select appropriate letter(s): * Other (Specify)				
3. Date Received:	una gulmiseiaa	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	cant Identifier:	m			_i	
5a. Federal Entity Ide	'd	City di	BBITA ROSS	- 5b. Fede	eral Award Ident	lifier:		
State Use Only:			10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.		,		
6. Date Received by	State:		7. State Application	Identifier:			RECEIVED	
8. APPLICANT INFO	RMATION:	•				C. Trends Control	OED 9 9 2000	NATE WILLIAM CO.
a. Legal Name: Ci	ly of Santa Rosa) EF 4 8 4000	
* b. Employer/Taxpay 94-6000428	er Identification N	umber (E	IN/TIN):	" c. Organ	nizational DUNS	S:	STATE CLEARING HOUSE	
d. Address:								
Street2: City: County: State: Province: Country:	Santa Rosa 95401 nlt:		Ų	C SA: UNITED	A: California D STATES			
Department Name:	1			Division N	ame:			~~~
Public Works	· N1 (2000)			N/A				
f. Name and contact	information of	erson t	be contacted on m	natters inv	olving this app	olication:		
Prefix; Ms. Middle Name: * Last Name: Adam Suffix;	\$		* First Name	: Nancy				
Title: Transportation	Planner						. 1	
Organizational Affiliati	on:		, , , , , , , , , , , , , , , , , , , ,			***		
* Telephone Number:	707-543-3910				Fax Number:	707-543-3	3801	
* Email: nadama@s	sraity.org							

707 543 3801 P.03

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
C: City or Township Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	•
	:
* Other (specify):	A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
N. O. Name of Federal Association	LTT-14-1-8-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
10. Name of Federal Agency:	
National Oceanic and Atmospheric Administration	
11. Catalog of Federal Domestic Assistance Number:	
11.463	
CFDA Title:	
Habitat Conservation	
	,
* 12. Funding Opportunity Number:	
NMFS-HCPO-2007-2000736	
* Title:	
FY2007 Community-based Habitat Restoration Project Grants	
13. Competition Identification Number:	
2045996	
Title:	
·	
S.A. Annua Affordad by Project (Osterno G. 1977). Project (Osterno G. 1977).	
14. Areas Affected by Project (Cities, Counties, States, etc.): Santa Rosa, Sonoma County, California	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Santa Rosa, Sonoma County, California	
	,
* 15. Descriptive Title of Applicant's Project:	1.1. 1.1. resoluted elements of
Prince Memorial Greenway - Santa Rosa Creek Pierson Reach Restoration	****
•	
Attach supporting documents as specified in agency instructions.	44. () () () () () () () () () (

P.04

OMB Number: 4040-0004 Expiration Date: 01/31/2009

Application	for Federal Assistar	nce SF-424						Version 02
16. Congressio	onal Districts Of:							
∵ a. Applicant	CA-006			* b. Prog	gram/Project	CA-006		
Attach an additi	ional list of Program/Project	t Congressional Districts if	needed.					
	· · · · · · · · · · · · · · · · · · ·	Paragraph De	ete Attsohm	nent) View Asia	Acdivinini l			
17. Proposed P	Project:							
• a. Start Date:	05/01/2007				b. End Date:	04/30/2009	<u>a </u>	
18. Estimated F	Funding (\$):							
* a. Federal		4,089,871.00						
b. Applicant	Va	250,000.00						
⁻ c. State		1,908.056.00						
d. Local		720,000.00						
e. Other		0.00						
*f. Program inc	emoc	0.00						
g, TOTAL		6,967,927.00						
* 20. Is the App Yes 21. *By signing herein are true, comply with an	is subject to E.O. 12372 but is not covered by E.O. 1237 plicant Delinquent On An No this application, I certify a, complete and accurate ny resulting terms if I accurate to criminal, civif, or additional accurations are to criminal, civif, or additional accurate.	ny Federal Debt? (If "Yes" pranation y (1) to the statements co to the best of my knowle cept an award. I am award	', provide e ntained in t edge. I also e that any f	explanation.) the list of certloprovide the refalse, fictitious	required assu is, or fraudule	urances** ar	ind agree to	
☑ ** I AGREE				,	1011 122.,			
** The list of cart specific instructi	rtifications and assurances, tions.	or an internet site where ye	u may obta	in this list, is oc	ontained in th	ié ánnouncen	nent or agency	
Authorized Rep	presentative:							
Prefix:	Mr.	First Name	Richard					
Middle Name:		***************************************					11 • 11 *******************************	
* Last Name:	Moshier							
Suffix:			**************************************					
• Title: Public	: Works Director							· ·
* Telephone Num	mber: 707-54 3- 3800			Fax Number:	707-543-380	51	10311	d
* Email: rmos	shier@arcity.org							
* Signature of Au	uthorized Representative:	Completed by Grants.gov upon a	submission.	* Date Signed	ad: Completer	d by Granta.gov	upon submission	

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

APPLICATION FOR	PPLICATION FOR		ED April 27, 2006		Applicant Identifier 8CA06040	
FEDERAL ASSISTANC	E	3. DATE RECEIVE	D BY STATE		State Application Identifier	
1. TYPE OF SUBMISSION:	D!!!!	-			8CA06040	
Application Construction	Pre-application ☐Construction ☐Non-Construction	4. DATE RECEIVED BY FEDERAL AGEN		L AGENCY	Federal Identifier 06-06-11052021-207	
Non-Construction 5. APPLICANT INFORMATIO	N			al Unit		
Legal Name: California Depar	tment of Forestry and Fir	e Protection		California Depa	artment of Forestry and Fire Protection	
- I DUNC, 70225	8005		Division: Res	ource Manage	ment	
Organizational DUNS: 79235	0090		Name and te	lephone numi	per of person to be contacted on matters	
Address: Street: 1416 9 th Street			involving thi	s application	(give area code) First Name: Debbie	
P.O. Box 944246			Prefix: Ms.		First Name. Debbic	
City: Sacramento			Middle Name	:		
•			Last Name: I	Mininfield		
County: Sacramento	Zip Code: 9424	4-2460	Suffix:			
State: CA	Zip Code: 9424	7-2100	1	e.mininfield@f	ire.ca.gov	
Country: United States			l .	_		
6. EMPLOYER IDENTIFICAT	TON NUMBER (EIN):	-	(040) 050 70	er (give area coo	(916) 653-8957	
1 co 200000 68-030	6067		7. TYPE OF	APPLICANT:	(See back of form for Application Types)	
8. TYPE OF APPLICATION:	eW				. State Government	
If Pevision, enter appropriate	letter(s) in box(es)		Other (specif		, Oldio Octorimon	
(See back of form for descrip	tion of letters.) None		Other (specia	37.		
None	None .	•	O NAME OF	FEDERAL A	BENCY:	
Other (specify):	•			Camileo Don	artment of Adriculture	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	ICE NUMBER:	11. DESCRI	PTIVE TITLE (OF APPLICANT'S PROJECT:	
10. CATALOG OF FEDERAL	pperative Forestry Assista	ince	Conservation	n Education Pr	ogram	
Other (specify):						
12. AREAS AFFECTED BY	PROJECT (Cities, Count	ies, States, etc.):	1			
Statewide			14 CONGR	ESSIONAL DI	STRICTS OF:	
13. PROPOSED PROJECT	Ending Date: 2	2007-12-31	a. Applicant:	: 3	b. Project: Statewide	
Start Date: 2006-07-01		2007-12-01	16 IS APPI	ICATION SUE	JECT TO REVIEW BY STATE EXECUTIVE	
15. ESTIMATED FUNDING:			ORDER 123	372 PROCESS	7	
a. Federal		15,000 ^{.00}	a. Yes, 🛛	THIS PREAF	PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372	
Track of the		15,000 .00	-	PROCESS F	OR REVIEW ON	
b. Applicant	A A Second Secon	.00	-	DATE:		
c. State	SEP 2 9 2006	.00	b. No.	PROGRAM	S NOT COVERED BY E. O. 12372	
		1	ĺ	OR PROGRA	AM HAS NOT BEEN SELECTED BY STATE	
e. Other \$	TE CLEARING HOUSE	.00		FOD DEVIE	N DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	The same of the sa	.00	1		the state of the s	
Charles Charles		30000 .00	☐ Yes If "	Yes" attach an	explanation.	
1 9. 10171	4 · 1	IEF, ALL DATA IN TI	HIS APPLICAT	ION/PREAPPI PPLICANT AN	LICATION ARE TRUE AND CORRECT. THE ID THE APPLICANT WILL COMPLY WITH	
THE ATTACHED ASSURA	NCES.					
a. Authorized Representativ	e			Middl	e Name: E.	
Prefix Mr.	First Name: William			Suffix	:	
Last Name: Snyder				l.	lephone Number (give area code)	
b. Title: Deputy Director for	Resource Management			. (91	16) 653-4298 Jumber (give area code)	
Email: Bill.Snyder@fire.ca.	gov	1		rax r) -	
d. Signature of Authorized I	1	6/1	10	e. Da	te Signed: 5/4/06	
d. Signature of Authorized i	representative 4//////	an I! Musi	<u> </u>		Standard Form 424 (Rev. 9-2003	

Previous Edition Usable Authorized for Local Reproduction Standard Form 424 (Rev. 9-2003) Prescribed by OMB Circular A-102

County: Alameda

* Country: JNITED ST

Fax Number: 510-643-5264

· City: Berkeley

Phone Number: 510-642-1040

Province:

OMB Number: 4040-0001

" State: CA: Californ

nazaroff@ce.berkeley.edu

* ZIP / Postal Code: 94704

* Email:

Expiration Date: 04/30/2008

5106428236

SF 424 (R&R) APPLIC. JON FOR FEDERAL ASSISTANCE Page 2 16. ESTIMATED PROJECT FUNDING 17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? s. * Total Estimated Project Funding a. YES 🗹 THIS PREAPPLICATION/APPLICATION WAS MADE 74,997.00 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 b. Total Federal & Non-Federal Funds PROCESS FOR REVIEW ON: 98,752,00 DATE: 09/29/2006 c. * Estimated Program Income 0.00 PROGRAM IS NOT COVERED BY E.O. 12372; OR b NO PROGRAM HAS NOT BEEN SELECTED BY STATE FOR 18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) ✓ * I agree * The list of certifications and assurances, or an internal site where you may obtain this list, is contained in the announcement or agency specific instructions. 19. Authorized Representative Prefix: * First Name: Middle Name; * Last Name: Suffix: Ms. Susan Hedley * Position/Title: Sr. Analyst " Organization: The Regents of the University of California, Berkeley Department: Sponsored Projects Office Division: * Street1: 2150 Shattuck Ave #313 Street2: Clty: Berkeley County: Alameda State: CA: Califori Province: * Country: JNITED ST * ZIP / Postal Code: 94704 * Phone Number: 510-642-8119 Fax Number: Email: shedley@berkeley.edu Signature of Authorized Representative * Date Signed Completed on submission to Grants.gov Completed on submission to Grants.gov 20. Pre-application AND ANSCHMENT $(r,r,r,r,r) \mapsto c(r) (rr,p,q,1)$ Attendation of the Attended 21. Attach an additional list of Project Congressional Districts if needed.

POMOG ANACOMERCA Distant Propriet of the With Christman

OMB Number: 4040-0001

Expiration Date: 04/30/2008